The Wisconsin Department of Veterans Affairs, in conjunction with the Wisconsin Department of Health Services and the US Center for Medicare & Medicaid Services (CMS), is pleased to offer federal subawards to our County and Tribal Veteran Service Office colleagues for the purpose of developing and improving rural Veteran access to telehealth services.

The funding provides federal reimbursement of up to $50,000 per applicant county or tribe, to be expended and completed no later than August 30, 2027, with opportunities for follow-on grants in future years. The grant is part of the federal Rural Health Transformation Program, subject to 2 CFR Section 200.322, and is designed to support up to 80 counties and tribes with funding. The program will operate for four consecutive years and is designed to support 20 CTVSOs each year. Milwaukee County is designated urban instead of rural, and is the only county ineligible for this federal program.

YEAR 1: Performance year, completed no later than August 30, 2027.
YEAR 2: Program year 1, completed no later than September 30, 2028.
YEAR 3: Program year 2, completed no later than September 30, 2029.
YEAR 4: Program year 3, completed no later than September 30, 2030.
YEAR 5: Program year 4, completed no later than September 30, 2031.

To apply for this funding opportunity, select the RHTP Grant button available at: Grants - Wisconsin Department of Veterans Affairs. The WDVA will accept applications on a rolling basis, first-come first-served, for Year 1 applicants.

Year 1 applicants:

- Provide a cover letter explaining the purpose and vision for your program, explaining how the telehealth resources will be fielded, maintained, secured, and operated over the entire five-year period to provide telehealth capabilities for rural Veterans;
- Provide a budget templating expenditure of up to $50,000 in reimbursable funding;
- Complete the Pre-Award Questionnaire;
- Submit the materials on the WDVA Grants Page;
- Receive approval from the WDVA and sign the federal subaward agreements;
- Coordinate with the WDVA for technical assistance during procurement and reimbursement periods;
- Submit receipts by the first of every month for all purchases made in the previous calendar month;

- Receive reimbursement for federally-approved expenses at the end of each calendar month;
- Provide monthly reporting over the five-year period to the WDVA regarding the number of rural Veterans using these telehealth resources, identified by the Veteran's zip code;
- Provide a closure report no later than August 30, 2027 demonstrating expenditure of all funds;
- Maintain the procured property as a dedicated telehealth resource until September 30, 2031, including Internet connectivity as applicable.

CONSIDERATION FOR APPLICANTS:

- The funds are reimbursable, not advanced. This means that the applicant is responsible for coordinating with your County/Tribal/Band leadership to designate funding for your initial expenditures. One possible method is to request $25,000 from your governing entities, expend it all in one month to procure materials, receive reimbursement for your expenditures through the federal grant, and then reapply the $25,000 to the second half of your procurement. The period of performance for the grant is not waivable, however, and the expenditures must be completed with your resources in place no later than August 30, 2027.
- The funds are designated to support Wisconsin's rural Veteran community with accessing healthcare, mental health, disability, and wellness resources via telehealth. No other purposes are allowed for the grant funds, and purchases not directly and explicably related to the provision of telehealth services may not be reimbursed by the federal grant.
- Capital construction is not authorized within the grant. If you wish to use the funds to create a separate room or enclosure as a telehealth room, there are acceptable methods within the grant:
    - Identify and use a pre-existing room and outfit it with telehealth capabilities, but do not permanently alter the building. The general test is whether the grant-funded additions can be removed from the building without damaging the building. If the building would be damaged by its removal, your purchase is likely to be considered an unauthorized and un-reimbursable capital expenditure.
    - Consider a privacy cubicle or similar removable structure. These non-fixed room dividers and soundproofing provide a private space suitable for telehealth, and are not considered capital improvements.

- Any laptops, tablets, or other digital devices procured through this grant become property of the applicant, but are subject to "Federal Interest" for the entire five-year period. The federal grant program reserves the right to audit and ensure that the digital device is being correctly used for its designated purpose. This includes verifying that the devices have Internet access.
- The grant can support installation of cables or fiber optic to your buildings, but only for the first year of your performance. The grant can likewise support your Internet service plans for the first year of your performance. If the applicant chooses to procure four laptops for telehealth purposes, for example, the applicant may seek reimbursement for the installation of cable Internet to their facility and the first year of expenses for any dedicated Internet service plans aligned with those laptops. The applicant agrees to continue paying for these plans with county/tribal/band funding for the remaining four years. Lapses in service coverage are subject to Federal Interest and potential recoupment within the five-year period.
- Telehealth in this context is predominantly focused on linkages to USDVA VHA and VBA services, such as medical exams, therapies and programming, and Compensation & Pension examinations. The applicant may choose to focus on expanded services, including additional linkages with local providers and mental health/wellness resources. These additional linkages are also telehealth visits and will be reported as part of each recipient's monthly reports.
- Any purchases of single items above $10,000 require written pre-approval. The template budgets below demonstrate a method for achieving the procurement objectives without requiring this additional step.
- Funds cannot be used to subsidize or replace current staff funding. For example, an applicant intending to designate staff to support the telehealth suite must either add a new employee or assign current employees to that role. Part of the new employee's pay would be reimbursable by the grant for the one-year period of performance, with the applicant agreeing to pay the costs for the next four years. If using existing employees, the additional duties are not reimbursable through the grant.
- Telehealth equipment is subject to regulatory requirements, such as FDA-approval for hardware and supporting devices. Any telehealth procurement that does not meet compliance may not be reimbursed through the federal award.
- Administrative overhead, to include outreach/education to constituents, is capped at 8% of the award ($4,000 of a $50,000 award).

TEMPLATE BUDGETS:

The WDVA is not the decision-making entity on federal reimbursement, but we are ready to provide support and technical assistance to all sub-awarded applicants. Two potential budgets follow for your consideration:

BUDGET 1: Telehealth Suite

The applicant intends to create a location within their county/tribe/band that can serve rural Veterans as a designated telehealth location. In this hypothetical scenario, Rural County envisions building 2 x telehealth privacy cubicles inside its CVSO office.

TELEHEALTH SUITE #1:	
1) Privacy cubicle with soundproofing:	$5,000
2) Laptop:	$3,500
3) HD PTZ Camera and Microphone:	$1,500
4) Digital Stethoscope:	$500
5) Digital Otoscope:	$300
6) Digital Pulse Oximeter:	$200
7) Digital Scale:	$250
8) Digital Vital Signs Monitors:	$3,000
9) 12-Lead Digital ECG:	$1,000
10) Digital Dermatoscope:	$1,500
11) VA Video Connect:	$0 (Free)
TELEHEALTH SUITE #2:	
12) Privacy cubicle with soundproofing:	$5,000
13) Laptop:	$3,500
14) HD PTZ Camera and Microphone:	$1,500
15) Digital Stethoscope:	$500
16) Digital Otoscope:	$300
17) Digital Pulse Oximeter:	$200
18) Digital Scale:	$250
19) Digital Vital Signs Monitors:	$3,000
20) 12-Lead Digital ECG:	$1,000
21) Digital Dermatoscope:	$1,500
22) VA Video Connect:	$0 (Free)
TELEHEALTH SUSTAINMENT:	
1) Fiber Internet installation:	$5,000
2) Staff Training:	$5,000
3) 12-month Internet Service Plan (both suites):	$2,500
(Applicant agrees to sustain these costs internally for Years 2-5)	
4) Outreach/Educational Materials:	$4,000
TOTAL:	$50,000

BUDGET 2: Telehealth Lending Library

The applicant intends to deploy digital devices to the Veterans on a lending library model, loaning individual devices to Veterans for specified telehealth service periods instead of providing a fixed location for telehealth services.

LENDING LIBRARY:

1) Laptop System #1:	$3,000
2) Laptop System #2:	$3,000
3) Tablet #1:	$1,000
4) Tablet #2:	$1,000
5) Tablet #3:	$1,000
6) Tablet #4:	$1,000
7) Tablet #5:	$1,000
8) HD PTZ Camera and Microphone #1:	$1,500
9) HD PTZ Camera and Microphone #2:	$1,500
10) HD PTZ Camera and Microphone #3:	$1,500
11) HD PTZ Camera and Microphone #4:	$1,500
12) Digital Stethoscope (x3):	$1,500
13) Digital Otoscope (x3):	$900
14) Digital Pulse Oximeter (x7):	$1,400
15) Digital Scale (x3):	$700
16) Digital Vital Signs Monitor (Laptop #1):	$3,000
17) Digital Vital Signs Monitor (Laptop #2):	$3,000
18) 12-Lead Digital ECG (x3):	$3,000
19) Digital Dermatoscope (x2):	$3,000
20) VA Video Connect:	$0 (Free)
21) 12-month Internet Service Plans (Laptops):	$2,500
22) 12-month Internet Service Plans (Tablets):	$5,000
23) Staff Training:	$5,000
24) Outreach/Education Materials:	$4,000
TOTAL:	$50,000